

SEP 21 2006

FEE TRANSMITTAL	Application Number	10/728,879	
	Filing Date	12/8/2003	
	First Named Inventor	Lee	
	Examiner Name	Patrick A. DARNO	
	Art Unit	2163	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	113708.127 US2
TOTAL AMOUNT OF PAYMENT		(\$)	65

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ None ☒ Other (please identify): Credit Card Payment Form PTO-2038
- ☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other, Terminal Disclaimer (small entity)

65

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,880	Telephone	(703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson	Date	21 September 2006		

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POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

12040 SOUTH LAKES DRIVE, SUITE 101
RESTON, VA 20191

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DAVID G. POSZ
JAMES E. BARLOW *
BRIAN C. ALTMILLER
ROBERT L. SCOTT, II
CYNTHIA K. NICHOLSON
R. EUGENE VARDELL *
THERESE B. VARDELL *
KERRY S. CULPEPPER

DEBRA G. SHOEMAKER, PH.D.**

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** PATENT AGENT

TEL: (703) 707-9110
FAX: (703) 707-9112
WWW.POSZLAW.COM

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Date: August 16, 2006

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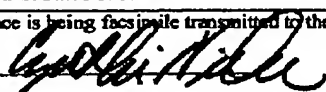
To: USPTO

Fax No.: 571-273-8300

Subject: Amendment

Comments:

Applicant: Lee.	Serial No.: 10/728,879
Filing Date: 12/08/2003	Atty Dkt.: 113708.127US2
Title: APPARATUS FOR AND METHOD OF SEARCHING AND ORGANIZING INTELLECTUAL PROPERTY INFORMATION UTILIZING AN IP THESAURUS	
Attached please find:	
(1) Transmittal;	
(2) Fee Transmittal;	
(3) 8-page Amendment;	
(4) Credit Card Payment Form PTO-2038; and	
(5) Terminal Disclaimer.	

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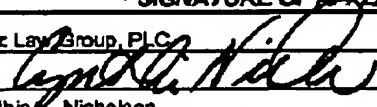
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/728,879
	Filing Date	12/8/2003
	First Named Inventor	Lee
	Art Unit	2163
	Examiner Name	Patrick A. DARNO
Total Number of Pages in This Submission	Attorney Docket Number	113708.127 US2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (Credit Card payment form) <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, P.C.		
Signature			
Printed name	Cynthia K. Nicholson		
Date	21 September 2006	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	21 September 2006